

# CAAAM LAB BASIC INSTRUMENTATION TRAINING / ACCESS REQUEST FORM

PLEASE **FILL OUT** THIS FILLABLE PDF OR **TYPE/PRINT** THE INFORMATION REQUESTED. PLEASE FILL OUT A SEPERATE FORM FOR EACH INSTRUMENT.

INSTRUMENT

User Information

Date

User Name:

Email:

EUID:

Phone #

Academic Level/Position:

Department/Company:

Advisor's Name:

Advisor's Signature:

*The signer is agreeing to take financial responsibility for the cost of the training and use of the instrument by this user. See <https://caaam.unt.edu/sites/default/files/caaam-user-fees.pdf> for equipment rates and usage policies.*

## TRAINING INFORMATION:

Do you have any previous experience operating this type of instrument? If yes, please explain.  
Yes ☐ No ☐

What materials do you anticipate analyzing with this instrument?

How often do you anticipate using this instrument during the week?

Email the completed form to [caaam.research@unt.edu](mailto:caaam.research@unt.edu) or deliver the completed & signed form to UNT Discovery Park room E-180P